

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040876

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

274

Primary Registration District No.

5932

Registrar's No.

352

STATE FILE NUMBER

FILED OCT 18 1963

1. PLACE OF DEATH

a. COUNTY

PETTIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

LA MONTE

Length of stay in 1b

—

c. FULL NAME OF (If not in hospital, give location)

ROUTE FF
MO PACIFIC RAILROAD

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

SALINE

admission)

c. CITY

OR

TOWN

SWEET SPRINGS

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

CONDUGS TRAILER COURT.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

WILBER.

HENRY

MOLT.

4. DATE OF DEATH

Month

Day

Year

10

14

- 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married ☐Widowed ☐

8. DATE OF BIRTH

7-23-1931

9. AGE (last birthday)

32

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TRUCK DRIVER -

10b. KIND OF BUSINESS OR INDUSTRY

CONSTRUCTION

11. BIRTHPLACE (City and state or country)

HANOVER KANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HENRY MOLT.

13b. MOTHER'S MAIDEN NAME

STELLA SZOPINSKE

14. NAME OF HUSBAND OR WIFE

NORA MOLT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

W.W.II

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

STELLA THOMPSON-JACKSON M

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

fractured neck and asphyxiation
from suffocation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

X

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Driving gravel truck and hit by.

20c. TIME OF INJURY

12:43

Hour

a.m.

Month, Day, Year

10-14-63

M.O.P. passenger train going west on Route FF. Asphyxiation and suffocation and truck crushed

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Route FF -

20f. CITY, TOWN, OR LOCATION

Pettis, Mo.

COUNTY

STATE

21. I attended the deceased from

as a coroner

and last saw her

him alive on

Death occurred at

12:44 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Chas. Brandon Stauffacher M.D.

22b. ADDRESS

Coroner Pettis Co

22c. DATE SIGNED

10-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-17-63

23c. NAME OF CEMETERY OR CREMATORY

FREEDOM CEMETERY

23d. LOCATION (City, town, or county)

Pettis County

(State)

MO

24. FUNERAL DIRECTOR

MORE FUNERAL HOME

ADDRESS

LA MONTE, MO

25. DATE RECD. BY LOCAL REG.

Oct 15, 1963

26. REGISTRAR'S SIGNATURE

Francis J. [Signature]

BY AFFIDAVIT OF

[Signature]

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MAY 12 1964

OCT 22 1963

NOV 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address L. Moore

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.